

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213565102					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: SUNTRUST INVESTMENT SERVICES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2013</p> <p>SCC ID NO: F1424615</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>52,125</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	52,125	
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<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p>							
<p>4.) STATE OR COUNTRY OF INCORPORATION: GA</p>							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 303 PEACHTREE CENTER AVE STE 140</p> <p style="text-align: center;">CITY/ST/ZIP: ATLANTA, GA 30303</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLEM HATTINK TITLE: PRESIDENT ADDRESS: 303 PEACHTREE ST. SUITE 3200 CITY/ST/ZIP/CO: ATLANTA, GA 30308 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLEM HATTINK TITLE: PRESIDENT ADDRESS: 303 PEACHTREE ST. SUITE 3200 CITY/ST/ZIP/CO: ATLANTA, GA 30308	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN HECHTLINGER Chief Complianc 303 PEACHTREE CENTER AVE STE 140 ATLANTA, GA 30303	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann Kimsey VICE PRESIDENT 303 Peachtree Center Ave Suite 140 Atlanta, GA 30308	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ted Bowden COO 303 Peachtree Center Ave Suite 140 atlanta, GA 30308	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. Allison Dukes DIRECTOR 303 Peachtree St Suite 3200 Atlanta, GA 30303	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ ANN S FELDMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		ANN S FELDMAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE		2/18/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					